

CLAIMS ONLY

Application Number:

" Filling Date

Applicān(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/18/97		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11	/					
12		/				
13		/				
14		/				
15		/				
16		/				
17	/					
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28	/					
29	X	X				
30	X	X				
31		/				
32		/				
33		/				
34		/				
35		/				
36	X	X				
37	X	X				
38	X	X				
39	X	X				
40	X	X				
41	X	X				
42	X	X				
43	X	X				
44	X	X				
45	X	X				
46	X	X				
47	X	X				
48	X	X				
49	X	X				
50		/				
Total Indep						
Total Depend.						
Total Claims						

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52						
53						
54						
55						
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57						
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59						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	4					
Total Depend	31					
Total Claims	35					